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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/26/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	OH	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>[Signature]</i>	Allowance Examiner's Signature Initials		5	13	1

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TITLE

MEDICAL EXAMINATION TABLE

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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